HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program

rui	"" 4	<u> ~ </u>	<i>77 (</i> 1)	,eu	Civi	0 "	, o.	100	-30	UUL	_			
I.	EP.	ΑI	.D.	N	JM	BE	R							
F F	М	E	D	0	4	8	2	6	8	8	9	0	T/A	<u>د</u> 1
1	2											13	14	15

	RA						(47)	his informatio	m is rec	intret	a unue	Deci	ion 3	003	ој к	CRA.)		2					14 115
					USE ON							_						- Intil	1 C1171 17271 11C11 CC11	A Friit (an)	111		
			FD		ATE RECE yr., mo., &		<u> </u>								С	MMENTS					H		
	Ī																		1 e.u. i eti iigi, 181		II i		
	_ -	23	-	24		29	<u> </u>											SEMS	DocID	62	1068	3	
II.	FIR	LST	(O	R, RI	EVISED	APPLI	CATI	ON															
								B below (ma															
					if this is y		st appi	ication and y	ou airea	асу к	now y	our ta	CHITY	SE	A I.	J. Number, c	r it this	is a revised	a application	in, ent	er you	іг тасіі	ty's
							an "X	" below and p	rovide	the a	pprop	riate d	late)										
	Ω	(] 1.	EX	ISTI	NG FACIL	ITY (S	ee inst	ructions for d te item belou	lefinitio	n of	''existi	ng" f	acility	<i>,</i> .			2.	NEW FAC	LITY (Co	-			
	7	·				_										0.4)	71				IDE T		
ر 8	F	7	\exists	MO	_	OPER	RATIO	ING FACILI	THE:								YR	мо.	DAY	yr., m	0., & 0 BEGA	lay) O	PERA-
15		73 7			18 77 78]		es to the left)									73	74 75 76			CTED		
₿.	_							"X" below a	nd com	plete	Item .	abou	ie)				r1 -		.				
	7	2			TY HAS II												2. ?2	FACILIT	Y HAS A	RCRA	PERM	111	
III.	PR	100	CES	SES	- CODE	SAN	D DES	SIGN CAPA	CITIE	$s \ge$													
Α.	PRO)CE	SS	COD	E — Enter	the co	de from	n the list of pr	rocess c	odes	below	that I	best d	escr	ibes e	ach process t	o be use	d at the fa	cility. Ten	lines	are pr	ovided	for
								l, enter the co capacity) in									that is	not includ	led in the li	st of o	odes t	elow,	then
				•		•	_	·	-														
					GN CAPA Enter the			each code ente	ered in	colun	nn A e	nter t	the cap	paci	ty of	the process.		•				•	
	2. ا	UNI	IT C)F MI	EASURE -	– For e	each am	ount entered	in colu	mn B	(1), er	iter tl	he coc	de fr	om t	ne list of unit	measure	codes be	low that de	scribe	s the L	ınit of	
	r	nea	sure	e used	d. Only th			sure that are				l be u	sed.			1							_
							PRO- CESS	APPROPR MEASURE										PRO- CESS	APPRO MEASU				
_			P	ROC	ESS		CODE	DESIG				-			P	ROCESS		CODE			APAC		
	ora		_										Trea		nt:					•			
т.	ANI	ĸ			rrel, drum,	etc.)	S01 S02	GALLONS (•		TAN	ıĸ				T01	GALLON			OR	
ĺ			PIL				503	CUBIC YAR		!			SUR	FA	CEIN	POUNDME	TV	T02	GALLON LITERS			OR	
_		AC	:E.I	MPO	UNDMEN.	Т	504	GALLONS	OR LIT	ERS			INC	INE	RAT	OR.		TOS	TONS PE			R	
													1110						METRIC			HOUF	1;
_	ispo	sal:		wei		-	D.70		00 L IT											TONS	PER		
11	ispo UE (sal:	ON	WEL	L	٠	D79 D80	GALLONS (Γ (the v	ERS olum	e that						chemica	,	METRIC GALLON LITERS	TONS IS PEI PER H IS PEI	PER HOU HOUR DAY	ROR	
11	ispo UE (sal:	ON	WEL	L			GALLONS ACRE-FEET would cover depth of one	(the v one act foot)	ERS olum re to OR	e that a		OTH theri proc	IER mal esse	(Use or bi s not	for physical, plogical treat occurring in	tanks,	,	METRIC GALLON LITERS	TONS IS PEI PER H IS PEI	PER HOU HOUR DAY	ROR	
i i	ispo IJE(ANE	sal: CTI- DFI	ON LL	.ICA	rion -		D80	GALLONS (ACRE-FEET would cover depth of one HECTARE-I ACRES OR	(the voice one act foot) METER HECTA	ERS olumi re to OR	a		OTH theri proc surfa	IER mal esse ice i	(Use or bi s not mpoi escri	for physical, plogical treat, occurring in undments or be the proces	tanks, inciner- ses in	,	METRIC GALLON LITERS	TONS IS PEI PER H IS PEI	PER HOU HOUR DAY	ROR	
£ i	ISPO IJE(ANI ANI CEA	Sal: CTI DFI	PPL	.ICA POŠ/	TION AL		D81 D82	GALLONS (ACRE-FEET would cover depth of one HECTARE-I ACRES OR GALLONS I LITERS PEI	(the vone act of foot) METER HECT PER DA	ERS olumi re to OR RES	a		OTH theri proc surfa	IER mal esse ice i	(Use or bi s not mpoi escri	for physical, plogical treat occurring in undments or	tanks, inciner- ses in	,	METRIC GALLON LITERS	TONS IS PEI PER H IS PEI	PER HOU HOUR DAY	ROR	
£ i	ISPO IJE(ANI ANI CEA	Sal: CTI DFI	PPL	.ICA POŠ/	rion -		D81 D82 D83	GALLONS (ACRE-FEET would cover depth of one HECTARE-I ACRES OR GALLONS I LITERS PEI GALLONS ((the vone act of foot) METER HECT PER DA	ERS olumi re to OR RES	a		OTH theri proc surfa	IER mal esse ice i	(Use or bi s not mpoi escri e pro	for physical, logical treat, occurring in indments or se the proces vided; Item i	tanks, inciner- ses in	,	METRIC GALLON LITERS	TONS IS PEI PER H IS PEI	PER HOU HOUR DAY	OR OR	
£ i	ISPO IJE(ANI ANI CEA	Sal: CTI DFI	PPL	.ICA POŠ/	TION AL		D81 D82	GALLONS (ACRE-FEET would cover depth of one HECTARES ACRES OR GALLONS (GALLONS ((the vone act of foot) METER HECT PER DA	ERS olumi re to OR RES	a		OTH theri proc surfa	IER mal esse ice i	(Use or bi s not mpoi escri e pro	for physical, plogical treat, occurring in undments or be the proces	tanks, inciner- ses in	,	METRIC GALLON LITERS	TONS IS PEI PER H IS PEI	F PER T HOU IOUR R DAY	UNIT	OF
10 st U	ANE CEA	Sal: CTI DFI D A AN	PPL DIS	ICA POSA MPO	ILON VI VI VI VI VI VI VI VI VI VI VI VI VI	т	D81 D82 D83 UNIT MEAS COL	GALLONS (ACRE-FEET would cover depth of one HECTARE-I ACRES OR GALLONS (GA	F (the volume one action of the column of th	ERS olum re to OR ARES AY O	a	JRE	OTH theri proc surfa	IER mal esse ice i	(Use or bi s not mpoi escri e pro	for physical, ological treat occurring in indments or se the proces wided; Item i	tanks, inciner- ses in III-C.)	,	METRIC GALLON LITERS GALLON LITERS	TONS IS PEI PER H IS PEI	F PER T HOU IOUR R DAY	OR OR	OF URE
S	ANE CEA URF	Sal: CTI DFI D A AN I	PPL DIS E I	LICA POS/ MPO	ITION AL UNDMEN'	т	D81 D82 D83 UNIT MEAS COL	GALLONS OF ACRE-FEET WOULD COME TO SHE WALLONS OF GALLONS OF GALLONS OF GALLONS OF THE GALLONS OF T	(the vone action one action of the continuous of	ERS olume to ARES AY O ERS	a R MEASI ER DA	Υ	OTH theri proc surfa atom the s	IER mal esse ice i s. D spac	(Use or bi s not mpoi escri e pro	for physical, foliogical treat occurring in industry in the process oided; Item in the process oided i	tanks, inciner- ses in II-C.) UI	ni, TO4 NIT OF M	METRIC GALLON LITERS GALLON LITERS	TONS IS PEI PER I IS PEI PER I	FPER HOURIOUR PAY	UNIT	OF URE DE
10 s	ANECEANITE	Sal: CTIOFI D A N I	PPL DIS	ICA POSA MPO EASL	IION AL UNDMEN' URE	T	D81 D82 D83 UNIT MEAS COL	GALLONS (ACRE-FEET would cover depth of one HECTARE-I ACRES OR GALLONS (COF GURE DE G L Y	Control (the vone act of foot) of foot of the control (the control (th	ERS olumi or to OR ARES AY O ERS OF N RS PER	MEASI ER DA	Y R ER F	OTH then proc surfa ators the s	IER mal esse ice i s. D spac	(Use or bi s not mpou escri e pro	for physical, blogical treat occurring in indiments or the process vided; Item I	tanks, inciner- ses in III-C.) UI AI	NIT OF M CRE-FEET CRES	METRIC GALLON LITERS GALLON LITERS EASURE	TONS IS PEI PER H IS PEI PER C	FPER HOU HOUR R DAY	UNIT	OF URE DE A
ILI LO S D GLOGG	ANE ANE NIT	Sal: CTI- DFI D A N I FAC	PPLL PPLS PPLS PPLS PPLS PPLS PPLS PPLS	EASU	JRE	T	D81 D82 D83 UNIT MEAS COL	GALLONS (ACRE-FEET would cover depth of one HECTARE-I ACRES OR GALLONS (LITERS PEI GALLONS (COLUMN) GURE DE G L Y C C U	F (the vone according to the control of the control	ERS column re to OR ARES AY O ERS OF N RS PER RIC T LONS RS PE	MEASI ER DA I HOU ONS F PER I	Y R ER H HOU!	OTH then proc surfa ator the s	IER mal essee ss. D spac	(Use or bi s not mpoi escri e pro	for physical, plogical treat, coccurring in understood occurring in the process pided; Item is processed of the process pided; Item is processed of the process	tanks, ta	NIT OF M CRE-FEET ECTARE-I CRES	METRIC GALLON LITERS GALLON LITERS	TONS IS PEI PER IS PER I	S PER R HOU IOUR R DAY	UNIT	OF URE DE A
LO S U GLOCG X	ANICE	Sal:	PPLIS E I	EASU DS. ERS	PRE	T	D81 D82 D83 UNIT MEAS COL	GALLONS ACRE-FEET would cover depth of one HECTARE-I ACRES OR GALLONS GALLONS GALLONS GALLONS GALLONS COF URE DE G U Shown in line	F (the vone and cone action one action one action one action of the control of th	OF N	MEASI THOU THOU TOPER TOPE TOPER TOPE TOPER TOPER TOPER TOPER TOPER TOPER TOPER TOPER TOPER TOPER TOPE	Y R PER H HOUI UR.	OTH then proc surfa ator the s	IER mal esseessee ss. D spac	(Use or bis s not mpos escri e pro	for physical, blogical treats occurring in indments or the process oided; Item I INIT OF EASURE CODE . V . D . W . E . H	tanks, ta	NIT OF M CRE-FEET ECTARE-I CRES	METRIC GALLON LITERS GALLON LITERS	TONS IS PEI PER IS PER I	S PER R HOU IOUR R DAY	UNIT	OF URE DE A
U G L C C G E X	ANICE	Sal:	PPLIS E I	EASU DS. ERS	PRE	T	D81 D82 D83 UNIT MEAS COL	GALLONS ACRE-FEET Would cover depth of one HECTARE-I ACRES OR GALLONS LITERS PE GALLONS UNRE DE G L Y C U Shown in line o has an incin	F (the vone and cone action one action one action one action of the control of th	OF N	MEASI THOU THOU TOPER TOPE TOPER TOPE TOPER TOPER TOPER TOPER TOPER TOPER TOPER TOPER TOPER TOPER TOPE	Y R PER H HOUI UR.	OTH then proc surfa ator the s	IER mal esseessee ss. D spac	(Use or bis s not mpos escri e pro	for physical, blogical treats occurring in indments or the process oided; Item I INIT OF EASURE CODE . V . D . W . E . H	tanks, ta	NIT OF M CRE-FEET ECTARE-I CRES	METRIC GALLON LITERS GALLON LITERS	TONS IS PEI PER IS PER I	S PER R HOU IOUR R DAY	UNIT	OF URE DE A
U G L C C G X oth	ANECEA ANECEA URF NIT ALL UBI UBI UBI UBI UBI UBI UBI UBI UBI UBI	Sal:	PPLIS E I	EASU DS. ERS PER I	PRE	T	D81 D82 D83 UNIT MEAS COL	GALLONS ACRE-FEET would cover depth of one HECTARE-I ACRES OR GALLONS GALLONS GALLONS GALLONS GALLONS COF URE DE G U Shown in line	F (the vone and cone action one action one action one action of the control of th	OF N	MEASI THOU THOU TOPER TOPE TOPER TOPE TOPER TOPER TOPER TOPER TOPER TOPER TOPER TOPER TOPER TOPER TOPE	Y R PER H HOUI UR.	OTH then proc surfa ator the s	IER mal esseessee ss. D spac	(Use or bis s not mpos escri e pro	for physical, blogical treats occurring in indments or the process oided; Item I INIT OF EASURE CODE . V . D . W . E . H	tanks, ta	NIT OF M CRE-FEET ECTARE-I CRES	METRIC GALLON LITERS GALLON LITERS	TONS IS PEI PER IS PER I	S PER R HOU IOUR R DAY	UNIT	OF URE DE A
U G L C C G EX	ANECE AND ALLI	Sal:	PPLIS E I	EASU DS. ERS PER I	UNDMENT	T	D81 D82 D83 UNIT MEAS COI	GALLONS OACRE-FEET would cover depth of one HECTARE-I ACRES OR GALLONS OF GALLONS OF GALLONS OF URE DE GALLONS OF SURE DE GALLONS OF TABLE OF THE CONTROL OF TABLE OF	T (the vone acceptance) one acceptance of foot) METER HECTY PER DA PER DA TONS METE GALL LITE onumbe erator 1	OF N	MEASI THOU THOU TOPER TOPE TOPER TOPE TOPER TOPER TOPER TOPER TOPER TOPER TOPER TOPER TOPER TOPER TOPE	Y R PER H HOUI UR.	OTH then proc surfa ator the s	IER mal esseessee ss. D spac	(Use or bis s not mpos escri e pro	for physical, blogical treat occurring in indments or the process bided; Item I	tanks, inciner- ses in II-C.) UI At HI At HI torage ta	NIT OF M CRE-FEET CRES ECTARES	EASURE T	TONIS PER FINANCIAL PROPERTIES PER C	S PER R HOU IOUR R DAY	UNIT	OF URE DE A
LO SI U GLOCGEX	ANIT ALI	Sal:	PPLL PPL PPL PPL PPL PPL PPL PPL PPL PP	EASU DS. ERS PER I	UNDMENT	T	D81 D82 D83 UNIT MEAS COI	GALLONS OACRE-FEET would cover depth of one HECTARE-I ACRES OR GALLONS OF GALLONS OF GALLONS OF URE DE G C U Shown in line o has an incin	UNIT LITE: TONS METF GALL LITE: TONS METF GALL LITE: TOMBE	OF MRESE	MEASI ER DA HOU ONS F PER I I and an bur	Y R PER HOUR . UR . X-2 & n up	OTH there processer for the sators the sator	IER mal esse esse s. D spac	(Use or billion or bil	for physical, blogical treat occurring in indiments or in the process bided; Item IIII OF EASURE CODE . V . D . W . E . H ity has two ser hour.	tanks, inciner- ses in II-C.) UI At HI At HI torage ta	NIT OF M CRE-FEET CRES ECTARES	METRIC GALLON LITERS GALLON LITERS	TONING	PER HOUR HOUR DAY	UNIT MEAS COI	OF URE DE A F B Q
U GLCCG X	NIT ALI	PRESOD	PPLE OF INS. ARTHURS FOR	EASU DS. ERS PER I	UNDMENT	NG ITE	D81 D82 D83 UNIT MEAS COI	GALLONS OACRE-FEET would cover depth of one HECTARE-I ACRES OR GALLONS OF GALLONS OF GALLONS OF URE DE GALLONS OF SURE DE GALLONS OF TABLE OF THE CONTROL OF TABLE OF	UNIT LITE: TONS METTER HECT'S PER DA TONS METTER HECT'S PER DA TONS METTER HECT'S METTER HECT'S METTER HECT'S METTER TONS METER TON	ERS olumer to OR OR ARESS PER	MEASI ER DA HOU ONS F ER HO 1 and an bur	Y R PER HOUIF UR . X-2 L	OTH then processurfictions the sators the sa	HER mal essee ace i	(Use or billing)	for physical, blogical treat occurring in indiments or in the process bided; Item IIII OF EASURE CODE . V . D . W . E . H ity has two ser hour.	tanks, inciner- ses in UI At HI Atorage ta	NIT OF M CRE-FEET CRES ECTARES anks, one t	EASURE T	TONING	PER A HOUR A HOU	UNIT MEAS CO	OF URE DE A F B Q the
U GLCCG X	NIT ALI	OFI DAN FAC OF LON RESUME OF LON PLE OF LON	PPLE FOR SEFECTION OF SEFECTION	EASU DS. ERS PER I	UNDMENT	T	D81 D82 D83 UNIT MEAS COL	GALLONS OACRE-FEET would cover depth of one HECTARE-I ACRES OR GALLONS OF GALLONS OF GALLONS OF URE DE GALLONS OF SURE DE GALLONS OF TABLE OF THE CONTROL OF TABLE OF	UNIT LITE UNIT LITE TONS METTY 2. UN OF MI SUR (ente	ERS olumnoon	MEASI ER DA HOU ONS F ER HO 1 and an bur	Y PER HOUIFUR . X-2 L	OTH then procesuring the sators t	A. C. C. C. (fro	(Use or bit of the control of the co	for physical, blogical treat occurring in indiments or the process oided; Item in the state of the process oided; Item in the state of the process oided; Item in the state of	tanks, inciner- ses in UI At HI Atorage ta	NIT OF M CRE-FEET CRES ECTARES	EASURE T	TONIS PEEP PER FINANCIAL PEEP PER FINANCIAL PEEP PER FINANCIAL PEEP PER FINANCIAL PEEP PEEP PEEP PEEP PEEP PEEP PEEP PE	G PER R HOUR R HOUR R DAY	UNIT MEAS COI	OF URE DE A F B Q the
U GLICOG EX	NIT ALI	PRESOD	PPLE FOR SEFECTION OF SEFECTION	EASU MPO EASU DS. ERS ER I	UNDMENT	T	D81 D82 D83 UNIT MEAS COL	GALLONS OACRE-FEET Would cover depth of one HECTARE-I ACRES OR GALLONS OF GAL	UNIT LITE UNIT LITE TONS METTON METTON METTON METTON METTON METTON METTON OF MET SUR (enter code	OF N PERS X-Chat C	MEASI ER DA HOU ONS F ER HO 1 and an bur FO US ON L	Y	OTH then procesuring the sators t	A. C. C. ((fra ab	(Usee or bits of the control of the	for physical, blogical treat occurring in indiments or the process oided; Item in item	tanks, inciner- ses in UI At HI Atorage ta	NIT OF M CRE-FEET CRES ECTARES anks, one t	EASURE T	TONIO	G PER R HOUR R HOUR R DAY	UNIT MEAS CO	OF URE DE A F B Q the DR ICIAL SE ILY
NUMBER OF SOLUTION	ANE	DA A OF LON RS CC MR A	PPLE IN SEFECTION OF SEFECTION	EASU MPO EASU DS. ERS ER I	UNDMENT	T STATE OF THE STA	D81 D82 D83 UNIT MEAS COI EM III (lity also DESIC	GALLONS OACRE-FEET would cover depth of one HECTARE-I ACRES OR GALLONS OF GALLONS OF GALLONS OF URE DE GALLONS OF SURE DE GALLONS OF TABLE OF THE CONTROL OF TABLE OF	UNIT LITE TONS METTER HECTE PER DA FOR LIT LITE TONS METTE GALL LITE OF ME SUR (enter Code	ERS olumnoon	MEASI ER DA HOU ONS F ER HO 1 and an bur FO US ON L	Y PER HOUIFUR . X-2 L	OTH then procesuring the sators t	A. C. C. ((fra ab	(Use or bit of the control of the co	for physical, blogical treat occurring in indiments or the process oided; Item in item	tanks, inciner- ses in UI At HI Atorage ta	NIT OF M CRE-FEET CRES ECTARES anks, one t	EASURE T	TONIO	G PER R HOUR R HOUR R DAY	UNIT MEAS COI	OF URE DE A F B Q the
NUMBER OF SOLUTION	ANE	DA A OF LON RS CC MR A	PPLS E I SE	EASU MPO EASU DS. ERS ER I	UNDMENT	T	D81 D82 D83 UNIT MEAS COI EM III (lity also DESIC	GALLONS OACRE-FEET Would cover depth of one HECTARE-I ACRES OR GALLONS OF GAL	UNIT LITE UNIT LITE TONS METTON METTON METTON METTON METTON METTON METTON OF MET SUR (enter code	OF N PERS X-Chat C	MEASI ER DA HOU ONS F ER HO 1 and an bur FO US ON L	Y	OTH then procesuring the sators t	A. C. C. ((fra ab	(Usee or bits of the control of the	for physical, blogical treat occurring in indiments or the process oided; Item in item	tanks, inciner- ses in UI At HI Atorage ta	NIT OF M CRE-FEET CRES ECTARES anks, one t	EASURE T	TONIO	G PER R HOUR R HOUR R DAY	UNIT MEAS CO	OF URE DE A F B Q the DR ICIAL SE ILY
E STOCK E STOC	NIT ALLI TE UBI	OFI DAN OF ACO OF PLES	PPLE IN SEFECTION OF SEFECTION	EASU MPO EASU DS. ERS ER I	UNDMENT	T STATE OF THE STA	D81 D82 D83 UNIT MEAS COL EM III (ility also	GALLONS OACRE-FEET Would cover depth of one HECTARE-I ACRES OR GALLONS OF GAL	UNIT LITE TONS METTY 2. UN OF ME SUR (enter Code	OF N PERS X-Chat C	MEASI ER DA HOU ONS F ER HO 1 and an bur FO US ON L	Y	OTH then procesuring the sators t	A. C. C. ((fra ab	(Usee or bits of the control of the	for physical, blogical treat occurring in indiments or the process oided; Item in item	tanks, inciner- ses in UI At HI Atorage ta	NIT OF M CRE-FEET CRES ECTARES anks, one t	EASURE T	TONIO	G PER R HOUR R HOUR R DAY	UNIT MEAS CO	OF URE DE A F B Q the DR ICIAL SE ILY
E STOCK STOC	NIT ALLI TE UBI	OFI DAN OF ACO OF PLES	PPLS E I S RATE FOOD SE I SE	EASU MPO EASU DS. ERS ER I	UNDMENT	CESS CESS CONTRACTOR OF THE PROPERTY OF THE PR	D81 D82 D83 UNIT MEAS COL EM III (ility also	GALLONS OACRE-FEET Would cover depth of one HECTARE-I ACRES OR GALLONS OF GAL	UNIT LITE TONS METTER HECTE PER DA FOR LIT LITE TONS METTE GALL LITE OF ME SUR (enter Code	OF N PERS X-Chat C	MEASI ER DA HOU ONS F ER HO 1 and an bur FO US ON L	Y	oth then procesuring the sators t	A. C. C. ((fra ab	(Usee or bits of the control of the	for physical, blogical treat occurring in indiments or the process oided; Item in item	tanks, inciner- ses in UI At HI Atorage ta	NIT OF M CRE-FEET CRES ECTARES anks, one t	EASURE T	TONIO	G PER R HOUR R HOUR R DAY	UNIT MEAS CO	OF URE DE A F B Q the DR ICIAL SE ILY
E STOCK STOC	NIT ALLIUBIUBIUBIUBI	OFI	PPLS E I S RATE FOOD SE I SE	EASU MPO EASU DS. ERS ER I	UNDMENT	CESS 1. AMC (specification)	D81 D82 D83 UNIT MEAS COL EM III (ility also	GALLONS OACRE-FEET Would cover depth of one HECTARE-I ACRES OR GALLONS OF GAL	UNIT LITE TONS METTOR PER DA FOR LIT UNIT LITE TONS METTOR FOR LIT 2. UN FOR LIT 2. UN FOR LIT 2. UN FOR ME FOR CODE CODE	OF N PERS X-Chat C	MEASI ER DA HOU ONS F ER HO 1 and an bur FO US ON L	Y	oth then procesuring the sators t	A. C. C. ((fra ab	(Usee or bits of the control of the	for physical, blogical treat occurring in indiments or the process oided; Item in item	tanks, inciner- ses in UI At HI Atorage ta	NIT OF M CRE-FEET CRES ECTARES anks, one t	EASURE T	TONIO	G PER R HOUR R HOUR R DAY	UNIT MEAS CO	OF URE DE A F B Q the DR ICIAL SE ILY
E STOCK E STOC	NIT ALLI TE UBI	OFI	PPLE III	EASU MPO EASU DS. ERS ER I	UNDMENT	CESS CESS CONTRACTOR OF THE PROPERTY OF THE PR	D81 D82 D83 UNIT MEAS COL EM III (ility also	GALLONS OACRE-FEET Would cover depth of one HECTARE-I ACRES OR GALLONS OF GAL	UNIT LITE TONS METTY 2. UN OF ME SUR (enter Code	OF N PERS X-Chat C	MEASI ER DA HOU ONS F ER HO 1 and an bur FO OFFIC US ONL	Y	OTH then processuring the sators	A. C. C. ((fra ab	(Usee or bits of the control of the	for physical, blogical treat occurring in indiments or the process oided; Item in item	tanks, inciner- ses in UI At HI Atorage ta	NIT OF M CRE-FEET CRES ECTARES anks, one t	EASURE T	TONIO	G PER R HOUR R HOUR R DAY	UNIT MEAS CO	OF URE DE A F B Q the DR ICIAL SE ILY
U GLCCG X	NIT ALLIUBIUBIUBIUBI	OFI	PPLE III	EASU MPO EASU DS. ERS ER I	UNDMENT	CESS 1. AMC (specification)	D81 D82 D83 UNIT MEAS COL EM III (ility also	GALLONS OACRE-FEET Would cover depth of one HECTARE-I ACRES OR GALLONS OF GAL	UNIT LITE TONS METTOR PER DA FOR LIT UNIT LITE TONS METTOR FOR LIT 2. UN FOR LIT 2. UN FOR LIT 2. UN FOR ME FOR CODE CODE	OF N PERS X-Chat C	MEASI ER DA HOU ONS F ER HO 1 and an bur FO OFFIC US ONL	Y	OTH then processuring the sators	A. C. C. ((fra ab	(Usee or bits of the control of the	for physical, blogical treat occurring in indiments or the process oided; Item in item	tanks, inciner- ses in UI At HI Atorage ta	NIT OF M CRE-FEET CRES ECTARES anks, one t	EASURE T	TONIO	G PER R HOUR R HOUR R DAY	UNIT MEAS CO	OF URE DE A F B Q the DR ICIAL SE ILY
EX. Oth ST NOW S	NIT ALLIUBIUBIUBIUBI	OFI	PPLE III	EASU MPO EASU DS. ERS ER I	UNDMENT	CESS 1. AMC (specification)	D81 D82 D83 UNIT MEAS COL EM III (ility also	GALLONS OACRE-FEET Would cover depth of one HECTARE-I ACRES OR GALLONS OF GAL	UNIT LITE TONS METTOR PER DA FOR LIT UNIT LITE TONS METTOR FOR LIT 2. UN FOR LIT 2. UN FOR LIT 2. UN FOR ME FOR CODE CODE	OF N PERS X-Chat C	MEASI ER DA HOU ONS F ER HO 1 and an bur FO OFFIC US ONL	Y	OTH there is the state of the s	A. C. C. ((fra ab	(Usee or bits of the control of the	for physical, blogical treat occurring in indiments or the process oided; Item in item	tanks, inciner- ses in UI At HI Atorage ta	NIT OF M CRE-FEET CRES ECTARES anks, one t	EASURE T	TONIO	G PER R HOUR R HOUR R DAY	UNIT MEAS CO	OF URE DE A F B Q the DR ICIAL SE ILY
EX. Oth ST NOW S	NIT ALLIUBIUBIUBIUBI	OFI	PPLE III	EASU MPO EASU DS. ERS ER I	UNDMENT	CESS 1. AMC (specification)	D81 D82 D83 UNIT MEAS COL EM III (ility also	GALLONS OACRE-FEET Would cover depth of one HECTARE-I ACRES OR GALLONS OF GAL	UNIT LITE TONS METTOR PER DA FOR LIT UNIT LITE TONS METTOR FOR LIT 2. UN FOR LIT 2. UN FOR LIT 2. UN FOR ME FOR CODE CODE	OF N PERS X-Chat C	MEASI ER DA HOU ONS F ER HO 1 and an bur FO OFFIC US ONL	Y	OTH there is the state of the s	A. C. C. ((fra ab	(Usee or bits of the control of the	for physical, blogical treat occurring in indiments or the process oided; Item in item	tanks, inciner- ses in UI At HI Atorage ta	NIT OF M CRE-FEET CRES ECTARES anks, one t	EASURE T	TONIO	G PER R HOUR R HOUR R DAY	UNIT MEAS CO	OF URE DE A F B Q the DR ICIAL SE ILY
U G L C C EXA Oth X-1 X-2	NIT ALLIUBIUBIUBIUBI	OFI	PPLE III	EASU MPO EASU DS. ERS ER I	UNDMENT	CESS 1. AMC (specification)	D81 D82 D83 UNIT MEAS COL EM III (ility also	GALLONS OACRE-FEET Would cover depth of one HECTARE-I ACRES OR GALLONS OF GAL	UNIT LITE TONS METTOR PER DA FOR LIT UNIT LITE TONS METTOR FOR LIT 2. UN FOR LIT 2. UN FOR LIT 2. UN FOR ME FOR CODE CODE	OF N PERS X-Chat C	MEASI ER DA HOU ONS F ER HO 1 and an bur FO OFFIC US ONL	Y	oth then processing the sators th	A. C. C. ((fra ab	(Usee or bits of the control of the	for physical, blogical treat occurring in indiments or the process oided; Item in item	tanks, inciner- ses in UI At HI Atorage ta	NIT OF M CRE-FEET CRES ECTARES anks, one t	EASURE T	TONIO	G PER R HOUR R HOUR R DAY	UNIT MEAS CO	OF URE DE A F B Q the DR ICIAL SE ILY

TET	nn	OCE	CCDC .	(continued)	1
161.	rĸ	un.r.	33 F.3	'connnuea'	,

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE
INCLUDE DESIGN CAPACITY.

Please see the attached letter.

IV. DESCRIPTION OF HAZARDOUS WASTES

- A. EPA HAZARDOUS WASTE NUMBER Enter the four—digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four—digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- B. ESTIMATED ANNUAL QUANTITY For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE	METRIC UNIT OF MEASURE CODE
POUNDS,	KILOGRAMSK
TONS	METRIC TONS

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- 1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter
 "included with above" and make no other entries on that line.
- 3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non—listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

,		A. I					UNIT								 				D. PROCESSES
LINE NO.	W		re i	D. NO de)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	S	MEA URE enter ode)				1	. Pf		CES (ent	COE	ES	i		2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K	0	5	4	900		P	7	7	g.	3	D	8	0	Ţ		T		
X-2	D	0	0	2	400		P	7	,	o^{\dagger} .	3	D^{T}	8	0	1		T	1	
X-3	D	0	0	1	100		P	7	7 (g.	3	$D^{'}$	8	0	1 1			1	
X-4	D	0	0	2					Т	Т			7		1		1		included with above

from page 2. New Photocopy this page before completing if have more than 26 wastes to list. Form Approved OMB No. 158-S80004 FOR OFFICIAL USE ONLY EPA I.D. NUMBER (enter from page 1) 8890 E D 0 4 8 2 6 W DUP DUP IV. DESCRIPTION OF HAZARDOUS WASTES (continued) A. EPA
HAZARD.
ZO WASTENO
(enter code) C. UNIT OF MEA SURE (enter code) D. PROCESSES B. ESTIMATED ANNUAL QUANTITY OF WASTE 1. PROCESS CODES (enter) 2. PROCESS DESCRIPTION (if a code is not entered in D(1)) 26 29 27 P F 0 0 3 2001 S 0 1 2 F 0 0 5 P 377 S 0 1 3 DIOIO ٠P 2574 S 0 1 4 D|0|0|2 Р 4110 S 0 1 5 D 0 0 6 200 Р S 0 1 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 EPA Form 3510-3 (6-80) **CONTINUE ON REVERSE**

Continued from the front.								
IV. DESCRIPTION OF HAZARDOUS WASTA (conti	nued)	M ITEM D(1)	ON PAG	E 3.		<u> </u>		Y
E. USE THIS SPACE TO EIGHT ADDITIONAL THOSE								·
·				•	•			
	•							
								,
,								
	,							
•				,	-			,
			•					
	·							
				•				
			•					
			•					
						•		
EPA I.D. NO. (enter from page 1)		•						
F M E D O 4 8 2 6 8 8 9 0 7/4 6		•						
13 14 15	·							
V. FACILITY DRAWING All existing facilities must include in the space provided on pa	ge 5 a scale drawin	g of the facility (see instruc	tions for mo	re deta	il).		
VI. PHOTOGRAPHS								
All existing facilities must include photographs (aerial	or ground-leve	that clearly d	lelineate a	all existing	struct	ures; exist	ing stora	ge,
treatment and disposal areas; and sites of future storage	ge, treatment or	disposal areas (see instru	ctions for	more	detaii).		
VII. FACILITY GEOGRAPHIC LOCATION LATITUDE (degrees, minutes, & seconds)			LONGI	TUDE (degr	ees, mir	utes, & sec	onds)	
A 2 2 0 0 1 0				n 7 a	2 9	020	1	
4 3 2 0 U I U	<u> </u>			72 - 74	75 76	77 - 79		
VIII. FACILITY OWNER								-
X A. If the facility owner is also the facility operator as list skip to Section IX below.	ted in Section VIII	on Form 1, "Ger	neral Infor	mation", pla	ice an "	'X" in the t	oox to the	left and
·	adia Cassian VIII	o- Form 1 comp	alata tha f	ollowing ite	me.			
B. If the facility owner is not the facility operator as list			Diete the 1		- T			code & no.)
1. NAME OF FACILIT	TY'S LEGAL OWN	ER				2. PHONE	NO. (area	Tode & no.)
E		·				6 - 58	B9 - 61	62
3. STREET OR P.O. BOX	- 1	4. CITY OR	TOWN		55 15 5. ST		6. ZIP C	
C	Ğ							
F .	49 18 16	· · · · · · · · · · · · · · · · · · ·		4	0 41 4	2 47	<u></u>	
IX. OWNER CERTIFICATION							-1 -11 -44-	-b-ad
I certify under penalty of law that I have personally ex documents, and that based on my inquiry of those ind	kamined and am lividuals immedi	familiar with ti ately responsibl	he intorn le for obt	nation subi Paining the	nittea inforn	ın tnıs an nation. I b	a an atta pelieve th	cnea at the
submitted information is true, accurate, and complete	. I am aware tha	t there are signi	ificant pe	nalties for	submi	tting false	informa	tion,
including the possibility of fine and imprisonment.								
A. NAME (print or type)	B. SIGNATURE				C. 1	DATE SIGI	NED	
Edward N. Hegge	Edum	13. Shing)_			11/18/80		
Executive Vice President		9,						
X. OPERATOR CERTIFICATION I certify under penalty of law that I have personally ex	vamined and am	familiar with t	he inforn	nation sub	_ mitted	in this an	d all atta	ched
documents and that based on my inquiry of those inc	lividuals immedi	ately responsible	de for obt	aining the	Intorn	nation, i L	peneve tri	at the
submitted information is true, accurate, and complete	. I am aware tha	t there are signi	ificant pe	nalties for	submi	tting false	intorma	tion,
including the possibility of fine and imprisonment.								<u> </u>
A. NAME (print or type)	B. SIGNATURE				c.	DATE SIG	,	,
			•		-			
EPA Form 3510-3 (6-80)	PAGE	4 OF 5					CONTINU	JE ON PAGE
· · · · · · · · · · · · · · · · · · ·	, AGE							

6×01-27

EPA Form 3510-3 (6-80)

Continued from page 2. NOTE: Photocopy this page before completing if y ve more than 26 wastes to list. Form Approved OMB No. 158-S80004 FOR OFFICIAL USE ONLY EPA 1.D. NUMBER (enter from page 1) w MED048268 DUP W DUP IV. DESCRIPTION OF HAZARDOUS WASTES (continued) A. EPA HAZARD. WASTENO (enter code) C. UNIT OF MEA SURE (enter code) D. PROCESSES B. ESTIMATED ANNUAL QUANTITY OF WASTE NO. 1. PROCESS CODES (enter) 2. PROCESS DESCRIPTION (if a code is not entered in D(1)) 36 29 27 28 27 1 F 0 0 3 2001000 P S 0 1 2 377000 F 0 0 5 P S 0 1 3 0001 2574000 P S 0 1 4 4110*000* 00002 P S 0 1 5 P 0006 200000 S 0 1 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26

Continued from the front.	and the second			
	ontinued)		人物(《台灣)	
É. USE THIS SPACE TO LIST ADDITIONAL PRO	CESS CODES FR	OM ITEM D(I) ON PAGE	3.	
				-
••				
				•
				j
EPA I.D. NO. (enter from page 1)				
= M E D 0 4 8 2 6 8 8 9 0 - A =				
F 17 4 0 4 0 4 0 9 0 9 9 0 3 6				
V. FACILITY DRAWING			1. 245 A25 TE 1	21x4 7 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
All existing facilities must include in the space provided on				
VI. PHOTOGRAPHS	page 5 a scale drawin	g of the facility (see instruction	ns for more detail).	16: A155
		and the state of t		
All existing facilities must include photographs (aer	rial or ground -level	/) that clearly delineate all	existing structures	; existing storage,
treatment and disposal areas; and sites of future sto	rage, treatment or	disposal areas (see instructi	ions for more deta	11). F6: A156
VII. FACILITY GEOGRAPHIC LOCATION				
		A CONTRACTOR OF THE STATE OF TH		Committee the second second
LATITUDE (degrees, minutes, & second	8)	LONGITU	DE (degrees, minutes	, & seconds)
The state of the s	5)	LONGITU	DE (degrees, minutes	, & seconds)
The state of the s	s)	LONGITU	DE (degrees, minutes	& seconds)
The state of the s	5)	LONGITU -	DE (degrees, minutes	, & seconds)
VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as			7 0 2 0 0	20
LATITUDE (degrees, minutes, & seconds			7 0 2 0 0	20
VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as skip to Section IX below.	listed in Section VIII	on Form 1, "General Information	7 8 2 0 0 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	20
VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as	listed in Section VIII	on Form 1, "General Information	7 8 2 0 0 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	20
VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as skip to Section IX below. B. If the facility owner is not the facility operator as	listed in Section VIII	on Form 1, "General Information Form 1, complete the folia	tion", place an "X" in the same of the sam	n the box to the left and
VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as skip to Section IX below. B. If the facility owner is not the facility operator as 1. NAME OF FACILITY OF FACILITY OF FACILITY OWNER.	listed in Section VIII	on Form 1, "General Information Form 1, complete the folia	tion", place an "X" in the same of the sam	20
VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as skip to Section IX below. B. If the facility owner is not the facility operator as 1. NAME OF FACILITY.	listed in Section VIII	on Form 1, "General Information Form 1, complete the folia	2 0 0 1777 tion", place an "X" in the series wing items:	n the box to the left and
VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as skip to Section IX below. B. If the facility owner is not the facility operator as 1. NAME OF FACILITY OF FACILITY OF FACILITY OWNER.	listed in Section VIII	on Form 1, "General Information Form 1, complete the foliation	7 2 0 0 0 77 76 77 77 76 77 77 76 77 77 77 77 77	n the box to the left and HONE NO. (area code & no.)
VIII. FACILITY OWNER VIII. FACILITY OWNER	listed in Section VIII fisted in Section VIII LITY'S LEGAL OWN	on Form 1, "General Information Form 1, complete the folia	2 0 0 1777 tion", place an "X" in the series wing items:	n the box to the left and
VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as skip to Section IX below. B. If the facility owner is not the facility operator as 1. NAME OF FACILITY OWNER 3. STREET OR P.O. BOX	listed in Section VIII fisted in Section VIII LITY'S LEGAL OWN	on Form 1, "General Information Form 1, complete the foliation	7 2 0 0 0 77 76 77 77 76 77 77 76 77 77 77 77 77	n the box to the left and HONE NO. (area code & no.)
VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as skip to Section IX below. B. If the facility owner is not the facility operator as 1. NAME OF FACILITY	listed in Section VIII fisted in Section VIII LITY'S LEGAL OWN	on Form 1, "General Information Form 1, complete the foliation	7 2 0 0 0 77 76 77 77 76 77 77 76 77 77 77 77 77	n the box to the left and HONE NO. (area code & no.)
VIII. FACILITY OWNER VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as skip to Section IX below. B. If the facility owner is not the facility operator as 1. NAME OF FACILITY OWNER S. STREET OR P.O. BOX IX. OWNER CERTIFICATION	listed in Section VIII fisted in Section VIII LITY'S LEGAL OWN	on Form 1, "General Information Form 1, complete the foliation." 4. CITY OR TOWN	7 9 2 0 0 1 77 76 77 77 76 77 77 77 76 77 77 77 77	n the box to the left and HONE NO. (area code & no.) 60 59 - 61 62 - 62 6. ZIP CODE
VIII. FACILITY OWNER VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as skip to Section IX below. B. If the facility owner is not the facility operator as 1. NAME OF FACILITY OWNER CERTIFICATION IX. OWNER CERTIFICATION I certify under penalty of law that I have personally	listed in Section VIII listed in Section VIII LITY'S LEGAL OWN	on Form 1, "General Information Form 1, complete the foliation of the formation of the form	2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	n the box to the left and HONE NO. (area code & no.) 10
VIII. FACILITY OWNER VIII. FACILITY OWNER A. If the facility owner is also the facility operator as skip to Section IX below. B. If the facility owner is not the facility operator as 1. NAME OF FACILITY OWNER CERTIFICATION IX. OWNER CERTIFICATION I certify under penalty of law that I have personally documents, and that based on my inquiry of those in	listed in Section VIII listed in Section VIII LITY'S LEGAL OWN	on Form 1, "General Information Form 1, complete the foliation form 1, complete the foliation for a complete the foliation for a complete for obtain the complete for obtain the complete for obtain the complete for obtain	tion", place an "X" in the information the inf	n the box to the left and HONE NO. (area code & no.) 60 50 - 61 62 - 62 6. ZIP CODE
VIII. FACILITY OWNER VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as skip to Section IX below. B. If the facility owner is not the facility operator as 1. NAME OF FACILITY OWNER CERTIFICATION IX. OWNER CERTIFICATION I certify under penalty of law that I have personally documents, and that based on my inquiry of those is submitted information is true, accurate, and complete	listed in Section VIII listed in Section VIII LITY'S LEGAL OWN	on Form 1, "General Information Form 1, complete the foliation form 1, complete the foliation for a complete the foliation for a complete for obtain the complete for obtain the complete for obtain the complete for obtain	tion", place an "X" in the information the inf	n the box to the left and HONE NO. (area code & no.) 60 50 - 61 62 - 62 6. ZIP CODE
VIII. FACILITY OWNER VIII. FACILITY OWNER A. If the facility owner is also the facility operator as skip to Section IX below. B. If the facility owner is not the facility operator as 1. NAME OF FACILITY. S. STREET OR P.O. BOX IX. OWNER CERTIFICATION I certify under penalty of law that I have personally documents, and that based on my inquiry of those is submitted information is true, accurate, and complete including the possibility of fine and imprisonment.	listed in Section VIII listed in Section VIII LITY'S LEGAL OWN C C C C C C C C C C C C C C C C C C C	on Form 1, "General Information Form 1, complete the foliation form 1, complete the foliation for a complete the foliation for a complete for obtain the complete for obtain the complete for obtain the complete for obtain	tion", place an "X" in swing items: 2. Place an "X" in submitted in the information items the information items for submitting	the box to the left and HONE NO. (area code & no.) 6. ZIP CODE is and all attached n, I believe that the false information,
VIII. FACILITY OWNER VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as skip to Section IX below. B. If the facility owner is not the facility operator as 1. NAME OF FACILITY OWNER CERTIFICATION I certify under penalty of law that I have personally documents, and that based on my inquiry of those is submitted information is true, accurate, and complete including the possibility of fine and imprisonment. A. NAME (print or type)	listed in Section VIII listed in Section VIII LITY'S LEGAL OWN C G A1 10 10 E examined and amindividuals immediate. I am aware that	on Form 1, "General Information Form 1, complete the foliation on Form 1, complete the foliation of the formation of the form	tion", place an "X" in the submitted in the submitted in the sing the information of the submitting c. DATE	HONE NO. (area code & no.) 6. ZIP CODE ais and all attached n, I believe that the false information,
VIII. FACILITY OWNER VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as skip to Section IX below. B. If the facility owner is not the facility operator as 1. NAME OF FACILITY OWNER CERTIFICATION I certify under penalty of law that I have personally documents, and that based on my inquiry of those is submitted information is true, accurate, and completincluding the possibility of fine and imprisonment. A. NAME (print or type) Edward N. Hegge	listed in Section VIII listed in Section VIII LITY'S LEGAL OWN C G A1 10 10 E examined and amindividuals immediate. I am aware that	on Form 1, "General Information Form 1, complete the foliation on Form 1, complete the foliation of the formation of the form	tion", place an "X" in the submitted in the submitted in the sing the information of the submitting c. DATE	the box to the left and HONE NO. (area code & no.) 6. ZIP CODE is and all attached n, I believe that the false information,
VIII. FACILITY OWNER VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as skip to Section IX below. B. If the facility owner is not the facility operator as 1. NAME OF FACILITY IS 1. NAME OF FACILITY IS 3. STREET OR P.O. BOX IX. OWNER CERTIFICATION I certify under penalty of law that I have personally documents, and that based on my inquiry of those is submitted information is true, accurate, and complete including the possibility of fine and imprisonment. A. NAME (print or type) Edward N. Hegge Executive Vice President	listed in Section VIII listed in Section VIII LITY'S LEGAL OWN C G A1 10 10 E examined and amindividuals immediate. I am aware that	on Form 1, "General Information Form 1, complete the foliation form 1, complete the foliation for a complete the foliation for a complete for obtain the complete for obtain the complete for obtain the complete for obtain	tion", place an "X" in the submitted in the submitted in the sing the information of the submitting c. DATE	HONE NO. (area code & no.) 6. ZIP CODE ais and all attached n, I believe that the false information,
VIII. FACILITY OWNER VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as skip to Section IX below. B. If the facility owner is not the facility operator as 1. NAME OF FACILITY OWNER CERTIFICATION I certify under penalty of law that I have personally documents, and that based on my inquiry of those is submitted information is true, accurate, and completincluding the possibility of fine and imprisonment. A. NAME (print or type) Edward N. Hegge	listed in Section VIII listed in Section VIII LITY'S LEGAL OWN C G A1 10 10 E examined and amindividuals immediate. I am aware that	on Form 1, "General Information Form 1, complete the foliation on Form 1, complete the foliation of the formation of the form	tion", place an "X" in the state of the submitted in the state of the submitting c. DATE	HONE NO. (area code & no.) 6. ZIP CODE ais and all attached n, I believe that the false information,
VIII. FACILITY OWNER VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as skip to Section IX below. B. If the facility owner is not the facility operator as 1. NAME OF FACILITY OWNER CERTIFICATION I certify under penaity of law that I have personally documents, and that based on my inquiry of those is submitted information is true, accurate, and comple including the possibility of fine and imprisonment. A. NAME (print or type) Edward N. Hegge Executive Vice President X. OPERATOR CERTIFICATION I certify under penalty of law that I have personally 1 certify under penalty 1 certify under penalty 1 cer	listed in Section VIII listed in Section VIII LITY'S LEGAL OWN Examined and amindividuals immediate. I am aware that	on Form 1, "General Information Form 1, complete the foliation on Form 1, complete the foliation of the formation of the form	tion", place an "X" in the submitted in the submitted in the submitted in the submitting in submitted in the submitted i	the box to the left and HONE NO. (area code & no.) 10
VIII. FACILITY OWNER VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as skip to Section IX below. B. If the facility owner is not the facility operator as 1. NAME OF FACILITY OWNER CERTIFICATION I certify under penalty of law that I have personally documents, and that based on my inquiry of those is submitted information is true, accurate, and comple including the possibility of fine and imprisonment. A. NAME (print or type) Edward N. Hegge Executive Vice President X. OPERATOR CERTIFICATION I certify under penalty of law that I have personally documents, and that based on my inquiry of those is submitted information is true, accurate, and comple including the possibility of fine and imprisonment. A. NAME (print or type) Edward N. Hegge Executive Vice President X. OPERATOR CERTIFICATION I certify under penalty of law that I have personally documents, and that based on my inquiry of those in the personal type is the personal type in the per	listed in Section VIII listed in Section VIII LITY'S LEGAL OWN Examined and amindividuals immediate. I am aware that	on Form 1, "General Information Form 1, complete the foliation on Form 1, complete the foliation of the formation of the form	tion", place an "X" in the information the information the information the ing the information the ing the information the inf	HONE NO. (area code & no.) 10
VIII. FACILITY OWNER VIII. FACILITY OWNER A. If the facility owner is also the facility operator as skip to Section IX below. B. If the facility owner is not the facility operator as 1. NAME OF FACILITY OWNER CERTIFICATION I certify under penaity of law that I have personally documents, and that based on my inquiry of those is submitted information is true, accurate, and complete including the possibility of fine and imprisonment. A. NAME (print or type) Edward N. Hegge Executive Vice President X. OPERATOR CERTIFICATION I certify under penalty of law that I have personally documents, and that based on my inquiry of those is submitted information is true, accurate, and complete the submitted information is true, accurate, and complete	listed in Section VIII listed in Section VIII LITY'S LEGAL OWN Examined and amindividuals immediate. I am aware that	on Form 1, "General Information Form 1, complete the foliation on Form 1, complete the foliation of the formation of the form	tion", place an "X" in the information the information the information the ing the information the ing the information the inf	HONE NO. (area code & no.) 10
VIII. FACILITY OWNER VIII. FACILITY OWNER X A. If the facility owner is also the facility operator as skip to Section IX below. B. If the facility owner is not the facility operator as 1. NAME OF FACILITY OWNER CERTIFICATION I certify under penaity of law that I have personally documents, and that based on my inquiry of those is submitted information is true, accurate, and comple including the possibility of fine and imprisonment. A. NAME (print or type) Edward N. Hegge Executive Vice President X. OPERATOR CERTIFICATION I certify under penalty of law that I have personally 1 certify under penalty 1 certify under penalty 1 cer	listed in Section VIII listed in Section VIII LITY'S LEGAL OWN Examined and amindividuals immediate. I am aware that	on Form 1, "General Information Form 1, complete the foliation on Form 1, complete the foliation of the formation of the form	tion", place an "X" in the information the information the information the ing the information the ing the information the inf	HONE NO. (area code & no.) 10
VIII. FACILITY OWNER VIII. FACILITY OWNER A. If the facility owner is also the facility operator as skip to Section IX below. B. If the facility owner is not the facility operator as 1. NAME OF FACILITY OWNER CERTIFICATION I certify under penaity of law that I have personally documents, and that based on my inquiry of those is submitted information is true, accurate, and complete including the possibility of fine and imprisonment. A. NAME (print or type) Edward N. Hegge Executive Vice President X. OPERATOR CERTIFICATION I certify under penalty of law that I have personally documents, and that based on my inquiry of those is submitted information is true, accurate, and complete the submitted information is true, accurate, and complete	listed in Section VIII listed in Section VIII LITY'S LEGAL OWN Examined and amindividuals immediate. I am aware that	on Form 1, "General Information Form 1, complete the foliation on Form 1, complete the foliation of the formation of the form	tion", place an "X" in the submitted in the submitted in the submitting the information ties for submi	n the box to the left and HONE NO. (area code & no.) 10
VIII. FACILITY OWNER VIII. FACILITY OWNER A. If the facility owner is also the facility operator as skip to Section IX below. B. If the facility owner is not the facility operator as 1. NAME OF FACILITY OWNER I. NAME OF FACILITY OWNER CERTIFICATION I certify under penalty of law that I have personally documents, and that based on my inquiry of those is submitted information is true, accurate, and complete including the possibility of fine and imprisonment. A. NAME (print or type) Edward N. Hegge Executive Vice President X. OPERATOR CERTIFICATION I certify under penalty of law that I have personally documents, and that based on my inquiry of those is submitted information is true, accurate, and complete including the possibility of fine and imprisonment.	listed in Section VIII listed in Section VIII LITY'S LEGAL OWN C G A1 11 11 A examined and am individuals immediate. I am aware that individuals immediate. I am aware that individuals immediate. I am aware that	on Form 1, "General Information Form 1, complete the foliation on Form 1, complete the foliation of the formation of the form	tion", place an "X" in the submitted in the submitted in the submitting the information ties for submi	HONE NO. (area code & no.) 10
VIII. FACILITY OWNER VIII. FACILITY OWNER A. If the facility owner is also the facility operator as skip to Section IX below. B. If the facility owner is not the facility operator as 1. NAME OF FACILITY OWNER I. NAME OF FACILITY OWNER CERTIFICATION I certify under penalty of law that I have personally documents, and that based on my inquiry of those is submitted information is true, accurate, and complete including the possibility of fine and imprisonment. A. NAME (print or type) Edward N. Hegge Executive Vice President X. OPERATOR CERTIFICATION I certify under penalty of law that I have personally documents, and that based on my inquiry of those is submitted information is true, accurate, and complete including the possibility of fine and imprisonment.	listed in Section VIII listed in Section VIII LITY'S LEGAL OWN C G A1 11 11 A examined and am individuals immediate. I am aware that individuals immediate. I am aware that individuals immediate. I am aware that	on Form 1, "General Information Form 1, complete the foliation on Form 1, complete the foliation of the formation of the form	tion", place an "X" in the submitted in the submitted in the submitting the information ties for submi	n the box to the left and HONE NO. (area code & no.) 10
VIII. FACILITY OWNER VIII. FACILITY OWNER A. If the facility owner is also the facility operator as skip to Section IX below. B. If the facility owner is not the facility operator as 1. NAME OF FACILITY OWNER I. NAME OF FACILITY OWNER CERTIFICATION I certify under penalty of law that I have personally documents, and that based on my inquiry of those is submitted information is true, accurate, and complete including the possibility of fine and imprisonment. A. NAME (print or type) Edward N. Hegge Executive Vice President X. OPERATOR CERTIFICATION I certify under penalty of law that I have personally documents, and that based on my inquiry of those is submitted information is true, accurate, and complete including the possibility of fine and imprisonment.	listed in Section VIII listed in Section VIII LITY'S LEGAL OWN C G A1 11 11 A examined and am individuals immediate. I am aware that individuals immediate. I am aware that individuals immediate. I am aware that	on Form 1, "General Information Form 1, complete the foliation on Form 1, complete the foliation on Form 1, complete the foliation of the formation of the form	tion", place an "X" in the submitted in the submitted in the submitting the information ties for submi	n the box to the left and HONE NO. (area code & no.) 10